PATENT APPLICATION FEE DETERMINATION RECORD												_
Effective January 1, 2003									162	2.7	-75	1.42
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THE (Column 1) (Column 2) TYPE OR SMALL EN												
TOTAL CLAIMS			51				Γ	RATE	FEE	1 1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		•	ASIC FEE	375.00	OR	Basic Fee	750.00
TOTAL CHARGEABLE CLAIMS			5 minus 20=		. 31			X\$ 9=	•	OR	X\$18-	279
INDEPENDENT CLAIMS			3 minus 3 =				Γ	X42=		OR	X84= ·	
MU	TIPLE DEPEN	DENT, CLAIM PI	RESENT					+140=		OR.	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	·
CLAIMS AS AMENDED - PART II								SMALL E	everty.	OR	OTHER	
_(c	23 05	(Column 1)		(Colu		(Column 3)	1	SMACE		Un I	Sussie:	ADDI-
NTA		REMARKING AFTER AMENDMENT		NUM PREVIO	BER DUSLY	PREBENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	TIONAL FEE
AMENDMENT	Total '	· 51	Minus	:51		. 0		X\$ 9=		99	X\$18=	
8	Independent	• 3	Minus	 3		. 5	Ιſ	X42°		OR	XXX =	
U		NTATION OF M	ULTIPLE DEF	ENDEN	TCLAIM			.440			+280 <u>-</u>	
1. 31 34							L	+140=		OR	TOTAL	\vdash
2 1416							A	TOTAL DOIT. FEE	L.,	19A	ADDIT FEE	L
	5-77	(Column 1) (Column 2) (Column 3)									<u>. </u>	
Θ.		REMAINING		NEUR	BER	PRESENT		RATE	ADDI- TIONAL	1	RATE	ADDI- TIONAL
2		AFTER AMENDMENT			FOR	EXTRA	1 1		FEE	l		FEE
Õ	Total :	.51	Minus	•	5/	·] [X\$ 9=		OR	X\$18=	· _
AMENDMENT B	Independent	• 4	Minus	***	3	- /	11	X42=		OR	X84=	100
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							- [+140=	·	OR	+280=	·
	- 4			•			•	TOTAL		OR	ADOIT, FEE	, <i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8-7-06 (Column 1) (Column 2) (Column 3) CLAMS HIGHES!												•
ြ	0 ,			RIG	EST		T		ADDI-	1		ADOI-
lie i		REMAINING AFTER		PREV	ABER KOUSLY	PRESENT		RATE	TIONAL		RATE	TIONAL
Ē	_	AMENDMENT		PAIC	FOR		┨┠		FEE			FEE
뎣	Total	· 6.	Minus	- 6	· /	*	4 L	X\$ 9=		OR	X\$18=	
AMENDMEN	Independent	• /	Minus	SHE !	7 0 4134		4 [X42=		ОЯ	X64=	
۲	PHSI.PHESE	ENTATION OF M		·	· COM		J · [+140=	·	OR	+280=	
:	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL ADDIT. FEE	
	With Stinhage St.	inber Previously I nber Previously Pr	hald For' IN TH	is space	in lace th	an 2 anter 3.'	•	DOIT, FEE nd in the ap	propriete bo	3	AUGI. FEE	

Application or Docket Number